U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE **BASIC FEE** (37 CFR 1.16(a)) OR **TOTAL CLAIMS** (37 CFR 1.16(c)) minus 20 =OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 =OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST **PRESENT** REMAINING NUMBER RATE ADDI-RATE ADDI-**PREVIOUSLY EXTRA AFTER** TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE ENDM Total Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) X \$ OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM . (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT **EXTRA** AFTER PREVIOUSLY **TIONAL** TIONAL **AMENDMENT** PAID FOR FEE FEE Minus Total ENDM (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) X \$\_ OR ¥ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'I FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST O PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-AMENDMENT EXTRA AFTER **PREVIOUSLY** TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL . TOTAL ADD'L FEE OR ADD'L FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,

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<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.